



**PET-AGREE, INC.**

12 DONOVAN ROAD  
CANDIA, NH 03034

**603-483-8775**

[www.petagree-nh.com](http://www.petagree-nh.com)

**AGILITY BEGINNER CLASS**

START DATE: \_\_\_\_\_ @ \_\_\_\_\_ AM/PM

*Please enclose \$110.00 with each registration form. Our staff will call you to confirm enrollment in the course.  
If you do not receive a confirmation call, please contact us.*

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ OTHER NUMBER: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

BEST TIME TO CONTACT YOU: \_\_\_\_\_

DOG(S) NAME(S): \_\_\_\_\_ AGE(S): \_\_\_\_\_

BREED(S): \_\_\_\_\_

PRIOR TRAINING CLASSES ATTENDED:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## WAIVER, ASSUMPTION OF RISK AND AGREEMENT TO HOLD HARMLESS

I understand that attendance of a canine training class is not without risk to myself, members of my family or guests who may attend, or my dog, due to some of the dogs to which I (we) will be exposed may be difficult to control and may be the cause of injury, even when handled with the utmost of care.

I hereby waive and release Pet-Agree Inc. Canine Training School, its owner and agents from any and all liability of any nature, for injury and or damage resulting from the action of any dog. I assume the risk of any damage or injury while attending any training session or other function for the School, or while on the training grounds or the surrounding area.

In consideration of and as inducement to the acceptance of my application for membership in this training class, I hereby agree to indemnify and hold harmless the School, its owners and agents from any and all claims by any member of my family or other person accompanying me to any session or function of the School or while on the grounds or the surrounding area thereto as a result of any action by any dog, including my own.

My dog(s) inoculation records are current and already on file with you.

My dog(s) inoculation records are attached.

I have contacted our veterinarian on \_\_\_/\_\_\_/\_\_\_ to fax Pet-Agree a copy of our dog's most recent inoculation record. **603-483-8770**

Signature of Owner or Authorized Agent:

\_\_\_\_\_ Date: \_\_\_\_\_